

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3053

STATE FILE NUMBER

FILED JUN 17 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

55 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

OSTEOPATHIC HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3339 MICHIGAN AVENUE

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

CHARLES

Middle

BUTON

Last

LOWRY

4. DATE OF DEATH

Month

MAY

Day

27

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Widowed ☐

8. DATE OF BIRTH

3/12/1878

9. AGE (last birthday)

85

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BINDER

11. BIRTHPLACE (City and state or country)

BUCKLIN MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALBERT T. LOWRY

13b. MOTHER'S MAIDEN NAME

ELIZABETH VEDER

14. NAME OF HUSBAND OR WIFE

MISS KATHERINE LOWRY 3339 MICHIGAN AVENUE KANSAS CITY MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MISS KATHERINE LOWRY 3339 MICHIGAN AVENUE KANSAS CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

factor c of many years standing

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebro-vascular insufficiency

DUE TO (c)

Benign atherosclerotic process

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Strangulated hernia which required emergency surgery

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

4:40 p.m.

Month, Day, Year

MAY 27 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1961

5/26/63

and last saw her alive on 5/26/63

Death occurred at

4:40 A.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Eugene Melcarck D.O.

22b. ADDRESS

11401 S. 71 Highway

22c. DATE SIGNED

Aug 28 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 29 1963

23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

DIN NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

5-29-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Eugene Melcarck

VS 300
Rev. 4/59

1

2 3548

3

4 0

5 0

6

7 0

8 2

9 334X

10

11

12 55-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erling M. Denny

Licensed Embalmer No. 3566

P.O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.